

Report on Integrated Policy Planning and Implementation: Health Choice, Medicaid, State Employees Health Plan and Related Others As Required by HB 381, Section 1.5, 122C-102(10)

Purpose:

Secretary Hooker Buell, through the development of the State Plan for MH/DD/SA services, recognizes the need for more coordination among state agencies providing services to children and adults. In SFY 2001, House Bill 381 requires establishment of a coordinated and integrated system for policy planning and implementation for child and adult mental health, developmental disability and substance abuse services in Medicaid, Health Choice and State Employees Health Plan.

In SFY 1998, divisions (DPH, DMH/DD/SAS, DMA) within the DHHS were charged with aligning policies and practices among Medicaid, Health Choice and other state funded programs, policies and services. A broad-based interagency/provider Behavioral Health workgroup of the Commission on Children with Special Health Care Needs met at least monthly to identify barriers, revise and submit changes for approval, and plan for implementation as necessary. Much progress has been made in promoting 'seamlessness' across a number of boundaries. Common service definitions, licensing standards, personnel competencies (pending) and related procedures and policies have come into a similar, if not identical, implementation framework statewide

Mechanisms:

A multi-tier approach will be implemented at the policy, operations and outcomes levels. In compliance with HB 381, Section 1.5, 122C-102(10) the following will be convened to integrate and coordinate necessary elements.

Policy Team— Division Directors and Program Administrators (e.g. State Employees Health Plan) or their *designees with decision-making authority* will consider the recommendations of the Operations Team and will approve or deny requests with justification as appropriate. The Policy Team will make policy decisions that align best practice with efficiency and effectiveness. Affected agencies shall incorporate practices and policies as approved. This group will meet at least quarterly but more frequently as needed. The Assistant Secretary of Health or his designee shall assume responsibility of chairing the meeting.

Operations Teams— Operations teams, one team for child and one for adult will meet regularly to address areas that will promote "seamlessness" among the programs, policies, services and populations. Joint meetings of the two teams will be held to address areas in common and build necessary transitions between child and adult provisions. These Teams shall implement policies and service definitions that promote best practice and will focus on outcomes to evaluate what is working effectively. In addition, these teams shall identify duplications, challenges, and barriers and make recommendations for improvement or correction of identified issues.

The Behavioral Health Workgroup shall fill this role in reviewing child health services. The membership will need to be more broadly representative and culturally diverse, including family members. An adult team shall be established and in operation by February 1, 2002.

Recommendations prepared by these teams will be presented to the Policy Team for final review and approval.

Provisions:

The coordinated implementation efforts indicate that the Child and Adult Operations Team shall address the following items:

- Development of policy to assure an inclusive and timely participation process for providers, families and other stakeholders.
- Development of protocol that outlines reciprocal, timely and open communication among agencies and providers.
- Completion of a review of existing commissions, work groups, process and procedures for efficient review and effective implementation.
- Alignment of funding and benefit determination years among payer and benefit sources and provider.
- Identification of mechanisms for assessing and mediating ‘unintended consequences’ of policies.
- Detailed analysis and recommendations of the data/reports needed from contractors (e.g. EDS, BCBS) for comprehensive assessment of outcomes.
- Consideration of benefits coordination between North Carolina’s state plans and federal program requirements which serve as contractual agreements by which the state draws down the federal matching funds.
- Consideration of rule making and public notice requirement by the Divisions and effected agencies prior to policy or service changes.
- Coordination of all service definitions among funding sources to ensure implementation of the intent of the reform bill and State Plan.